PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Pax: (5711-273-2885

						1)-2/3-2003				
INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificat		or tran	e in Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new c		,			hould be completed where correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
23548	7590 03/27	/2008				_			**	
LEYDIG VOIT & MAYER, LTD 700 THIRTEENTH ST. NW SUITE 300						I hereby certify that this Feed's Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
WASHINGTON						· (Depositor's name)				
									(Signature)	
					L				(Dete)	
APPLICATION NO. FILING DATE			FIRST NAMED INVEN			TOR ATTO		RNEY DOCKET NO.	CONFIRMATION NO.	
10/073,269 02/13/2002			Hiroki Konaka				401571 6817			
TITLE OF INVENTION: USER INTERFACE DESIGNING APPARATUS										
APPLN, TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	L	\$1440	\$300		\$0		\$1740	06/27/2008	
EXAMINER			ART UNIT	CLASS-SUBCLAS]				
KUMAR, SRILAKSHMI K			2629	345-156000						
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CEP 1 4(3) 1. LEYDIG, VO									G. VOIT	
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,						
Address form PTO/SB/122) attached.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered pattent attorneys or agents. If no name is 3						
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent attorneys or agents. If no name is 3						
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO E	SE PRINTED ON	THE PATENT (print	or ty	pe)				
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSI		ified b	elow, no assignee of this form is NC	data will appear on T a substitute for filir (B) RESIDENCE: (the p ng an CIT	atent. If an assign assignment. and STATE OR C	OUNT	RY)	ocument has been filed for	
1.1	TOKYO, JAPAN									
MITSUBISHI DENKI KABUSHIKI KAISHA TOKYO, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XiComposition or other private group entity Government										
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee sho										
☐ Publication Fee (No small entity discount permitted) ☐ Pay					Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any					
Advance Order -	# of Copies			overpayment, to	Dep	osit Account Numb	er	(enclose a	n extra copy of this form).	
5. Change in Entity Sta	SMALL ENTITY stat	ns See	37 CFR 1.27.	☐ b. Applicant is r	no lor	ger claiming SMA	LL EN	TITY status. See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee an	d Publication Fee (if rec	uired)	will not be accept	ed from anyone other	than	the applicant; a reg	istered	attorney or agent; or t	he assignee or other party in	
(Dele	\ <u>-</u>	HIS	Q		Date	77	ey Siz		
Authorized Signature Typed or printed nam	Jeffrey A	0,	yand			Registration ?	No2	9.458		
This collection of inform an application. Confiden	nation is required by 37 of tiality is governed by 3	CFR 1.	311. The informat	ion is required to obta	in or	retain a benefit by stimated to take 12 vidual case. Any c	the pub minutes	lic which is to file (an s to complete, including ts on the amount of ti	d by the USPTO to process ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450	
this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	ions for reducing this but irginia 22313-1450. Do 313-1450.	irden, s O NOT	should be sent to the SEND FEES OR	he Chief Information COMPLETED FORI	Offic MS T	er, U.S. Patent and O THIS ADDRES	Trader S. SEN	nark Office, U.S. Der D TO: Commissioner	artment of Commerce, P.O. for Patents, P.O. Box 1450	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE